

Customer Name	MRS.MADHUMATHI KANDASAMY	Customer ID	MED111369014
Age & Gender	26Y/FEMALE	Visit Date	12/11/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 156.0 cms

Weight : 65.6 kg

BMI : 26.5 kg/m²

BP: 110/70 mmhg

Pulse: 80/ min, regular

Systemic Examination:

CVS: S1 S2 heard;

RS : NVBS +.

Abd : Soft.

CNS : NAD

Blood report:

Liver function test – Bilirubin-Total-1.35 mg/dl, Direct-0.24mg/dl, Indirect – 1.11mg/dl – Slightly elevated

All other blood parameters are well within normal limits. (Report enclosed).

Urine analysis – Within normal limits.

X-Ray Chest – Normal study.

ECG – Normal ECG.

USG whole abdomen - Fatty liver. Cholelithiasis

TMT – Normal study.

Eye Test – Normal study.

Vision	Right eye	Left eye
Distant Vision	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal




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Impression & Advice:

Liver function test – Bilirubin-Total-1.35 mg/dl, Direct-0.24mg/dl, Indirect – 1.11mg/dl – Slightly elevated – To consult a gastroenterologist for further evaluation and management.

USG whole abdomen - Fatty liver. Cholelithiasis. To take low fat diet, and high fiber diets. To consult a gastroenterologist for further evaluation. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

All other health parameters are well within normal limits.


DR. NOOR MOHAMMED RIZWAN A. M.B.B.S., EDM
MHC Physician Consultant

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S., EDM
Reg. No: 120325 Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.



Name : Mrs. MADHUMATHI
KANDASAMY
PID No. : MED111369014
SID No. : 222019376
Age / Sex : 26 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 12/11/2022 9:13 AM
Collection On : 12/11/2022 11:16 AM
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Printed On : 14/11/2022 9:25 AM



Investigation

Observed Value

Unit

Biological Reference Interval

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin

(EDTA Blood/Spectrophotometry)

11.7

g/dL

12.5 - 16.0

Packed Cell Volume(PCV)/Haematocrit

(EDTA Blood/Derived from Impedance)

35.6

%

37 - 47

RBC Count

(EDTA Blood/Impedance Variation)

4.43

mill/cu.mm

4.2 - 5.4

Mean Corpuscular Volume(MCV)

(EDTA Blood/Derived from Impedance)

80.3

fL

78 - 100

Mean Corpuscular Haemoglobin(MCH)

(EDTA Blood/Derived from Impedance)

26.5

pg

27 - 32

Mean Corpuscular Haemoglobin concentration(MCHC)

(EDTA Blood/Derived from Impedance)

33.0

g/dL

32 - 36

RDW-CV

(EDTA Blood/Derived from Impedance)

13.3

%

11.5 - 16.0

RDW-SD

(EDTA Blood/Derived from Impedance)

37.6

fL

39 - 46

Total Leukocyte Count (TC)

(EDTA Blood/Impedance Variation)

9600

cells/cu.mm

4000 - 11000

Neutrophils

(EDTA Blood/Impedance Variation & Flow Cytometry)

59.8

%

40 - 75

Lymphocytes

(EDTA Blood/Impedance Variation & Flow Cytometry)

25.3

%

20 - 45


Eosinophils

(EDTA Blood/Impedance Variation & Flow Cytometry)

7.0

%

01 - 06


DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-45036

VERIFIED BY


Dr. E. Saravanan M.D (Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

The results pertain to sample tested.

Page 1 of 7

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA.

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	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.4	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.7	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.4	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.0	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	330	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.8	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.258	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	16	mm/hr	< 20
BUN / Creatinine Ratio	14.8		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	83.8	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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Investigation

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	78.8	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Remark: Please correlate clinically.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.74	mg/dL	0.6 - 1.1

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.2	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.35	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.24	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	1.11	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.5	U/L	5 - 40

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Investigation	Observed Value	Unit	Biological Reference Interval
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	13.2	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	10.7	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	84.8	U/L	42 - 98
Total Protein (Serum/Biuret)	7.08	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.95	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.13	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.26		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	176.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	49.2	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol
(Serum/Immuno-inhibition) **52.1** mg/dL Optimal(Negative Risk Factor): >= 60
Borderline: 50 - 59
High Risk: < 50


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Investigation

Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/Calculated)	114.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	9.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	124.3	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.4		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	0.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %



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Observed Value	Unit	Biological Reference Interval
96.8	mg/dL	

Estimated Average Glucose
(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly,Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.96	ng/ml	0.7 - 2.04
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	7.63	µg/dl	4.2 - 12.0
---	------	-------	------------

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.55	µIU/mL	0.35 - 5.50
---	------	--------	-------------

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0


(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-45036

VERIFIED BY


Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 75347

APPROVED BY

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Investigation

Urine Analysis - Routine

	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	Occasional	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.



DR GURUPRIYA J
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Reg No : 13-48036

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Dr. E. Saravanan (MD(Path))
Consultant Pathologist
Reg No : 73347

APPROVED BY

-- End of Report --



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Age & Gender	26Y/FEMALE	Visit Date	12/11/2022
Ref Doctor	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized and multiple calculi; largest measuring 5.1 mm in the lumen.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 8.9 x 5.0 cm.

The left kidney measures 8.6 x 4.9 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The uterus is anteverted, and measures 9.1 x 4.2 x 4.9 cm.

Myometrial echoes are homogeneous. The endometrial thickness is 6.7 mm.



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The right ovary measures 2.1 x 1.7 cm.

The left ovary measures 2.5 x 1.8 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- Fatty liver.
- Cholelithiasis.


**DR. UMALAKSHMI
SONOLOGIST**



Medall Healthcare Pvt Ltd
 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

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 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

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Age & Gender	26Y/FEMALE	Visit Date	12/11/2022
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Name	MADHUMATHI KANDASAMY	ID	MED111369014
Age & Gender	26Y/F	Visit Date	Nov 12 2022 8:57AM
Ref Doctor	MediWheel		

X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- *Chest x-ray shows no significant abnormality.*



Dr. Rama Krishnan. MD, DNB.,
Consultant Radiologist,
Medall Healthcare Pvt Ltd.



26 years
Female

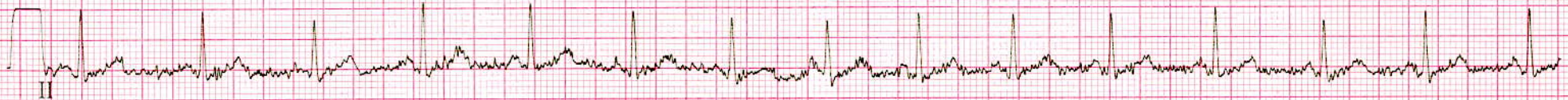
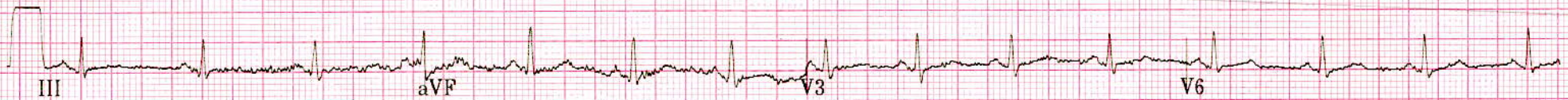
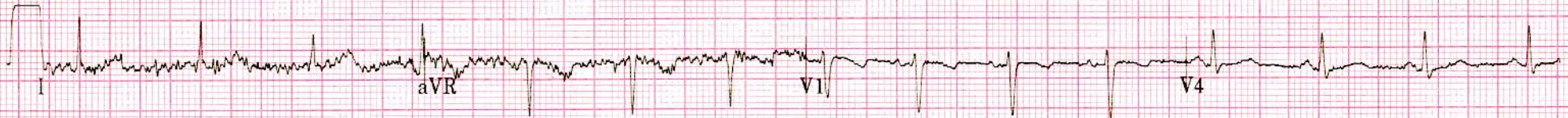
Vent. rate	88 bpm
PR interval	126 ms
QRS duration	72 ms
QT/QTc	360/435 ms
P-R-T axes	57 47 45

*** Poor data quality, interpretation may be adversely affected
Normal sinus rhythm with sinus arrhythmia
Normal ECG



Test ind:

Unconfirmed



MRS MADHUMATHI, K
ID: 111369014
12-Nov-2022
12:05:52

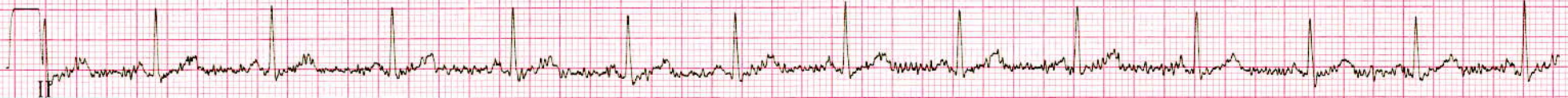
80bpm
BP: 110/70

PRETEST
SUPINE
1:24

BRUCE
**.*mph
**.*%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

MRS MADHUMATHI, K
ID: 117369014
12-Nov-2022
12:06:09

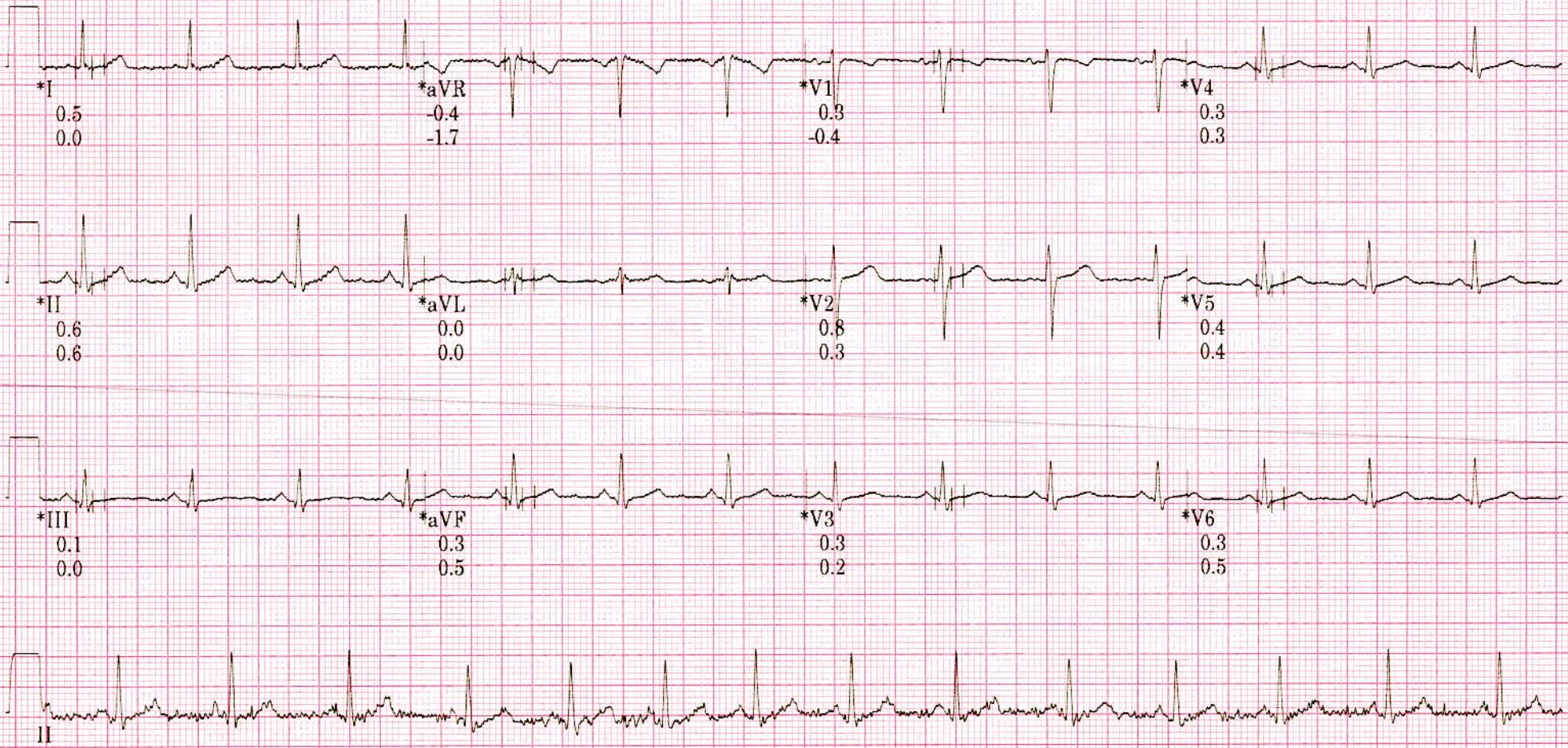
85bpm
BP: 110/70

PRETEST
STANDING
1:40

BRUCE
**.*mph
**.*%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

MRS MADHUMATHI, K
ID: 111369014
12-Nov-2022
12:06:25

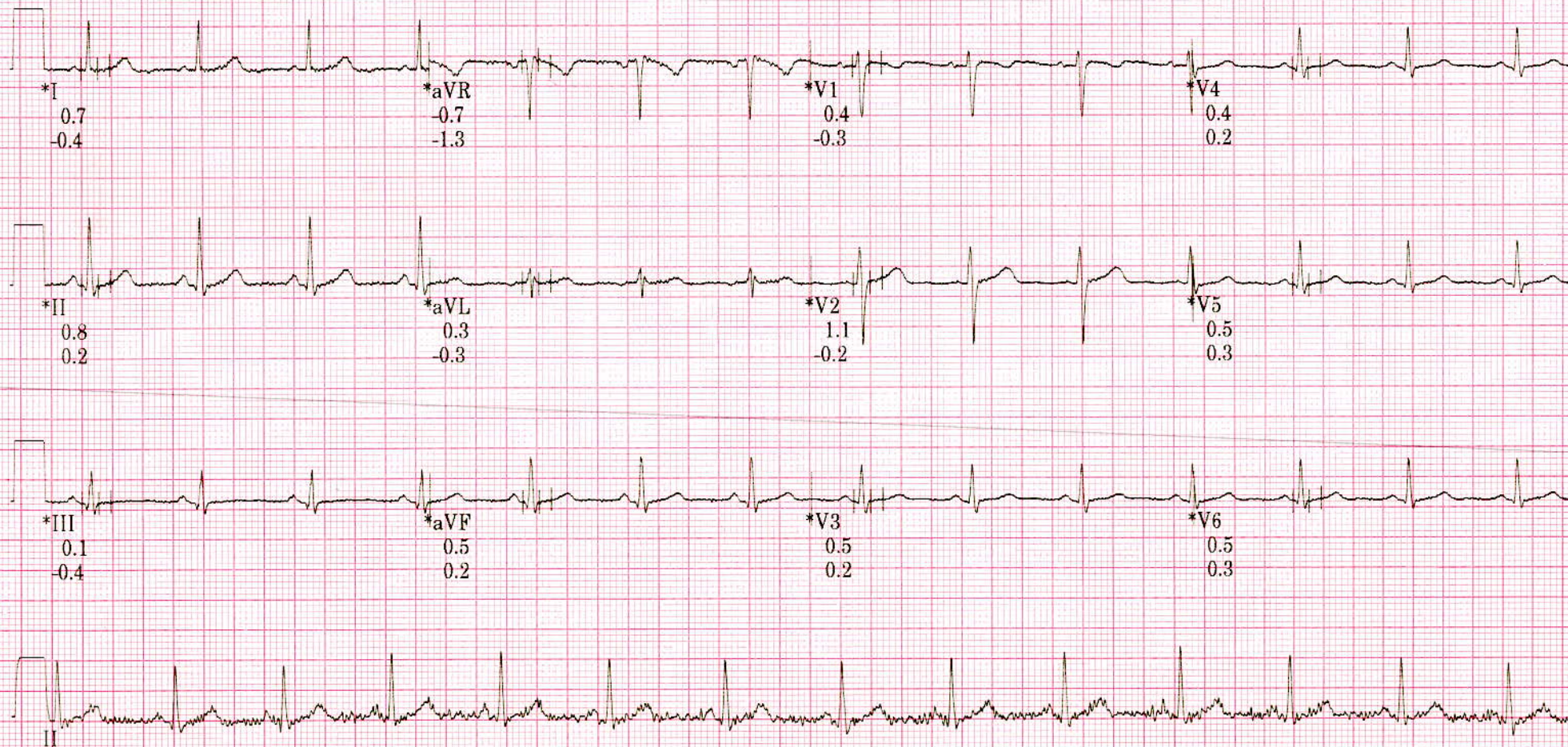
83bpm
BP: 110/70

PRETEST
HYPERVENT
1:56

BRUCE
**.*mph
**.*%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

MRS MADHUMATHI, K
ID: 111369014

126bpm

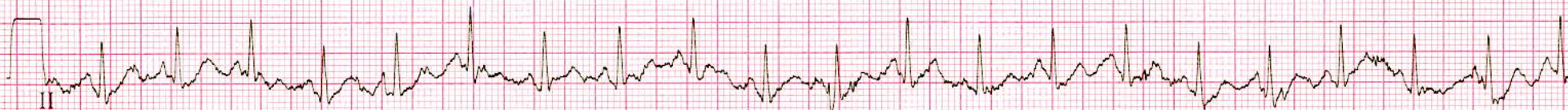
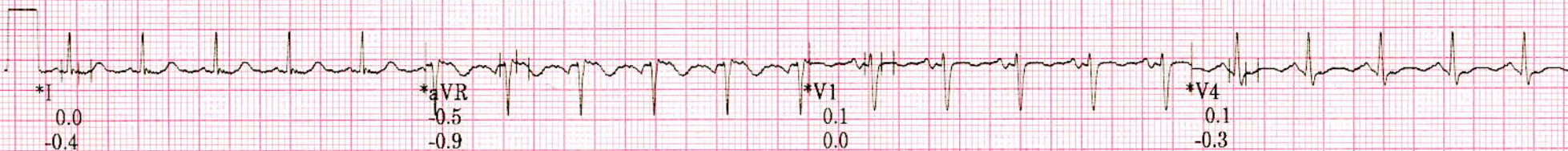
EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

12-Nov-2022
12:15:42

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

MRS MADHUMATHI, K
ID: 1r1369014

152bpm

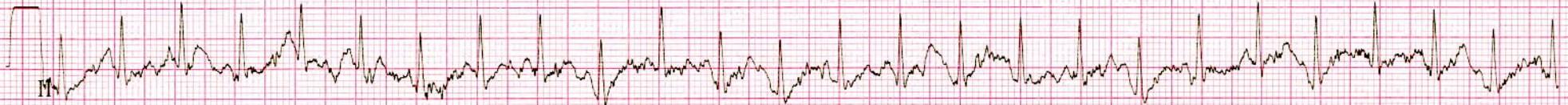
EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

12-Nov-2022
12:18:42

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

.MRS MADHUMATHI, K
ID: 11r369014
12-Nov-2022
12:20:07

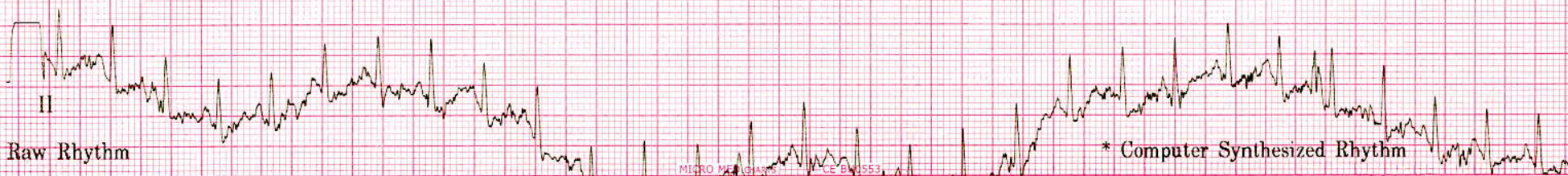
175bpm

EXERCISE
STAGE 3
7:15

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

MRS MADHUMATHI, K
ID: 111369014

140/20

144bpm

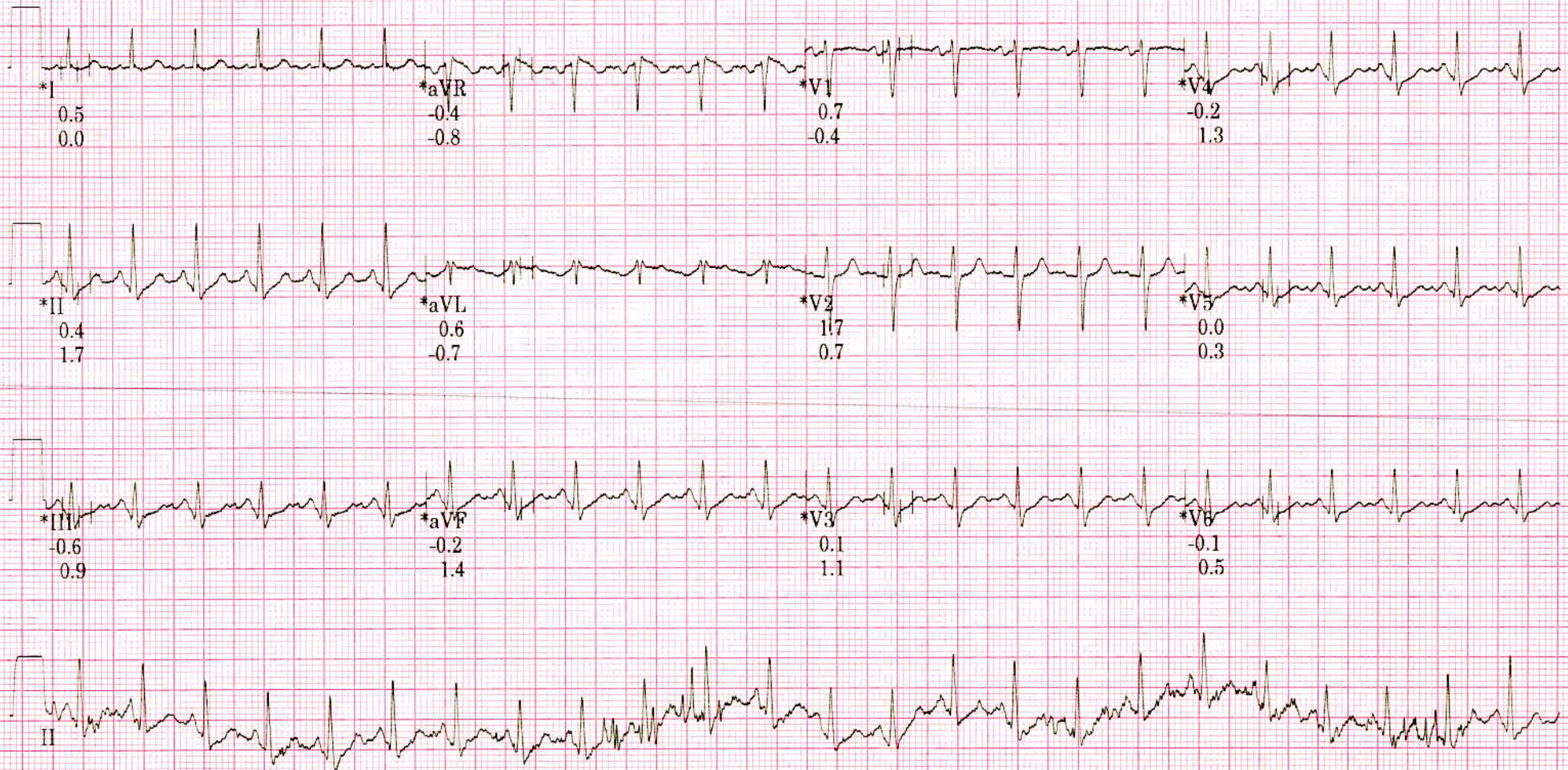
RECOVERY
RECOVERY
1:00

BRUCE
** *mph
** *%

12-Nov-2022
12:21:07

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

MRS MADHUMATHI, K
ID: 111369014
12-Nov-2022
12:22:07

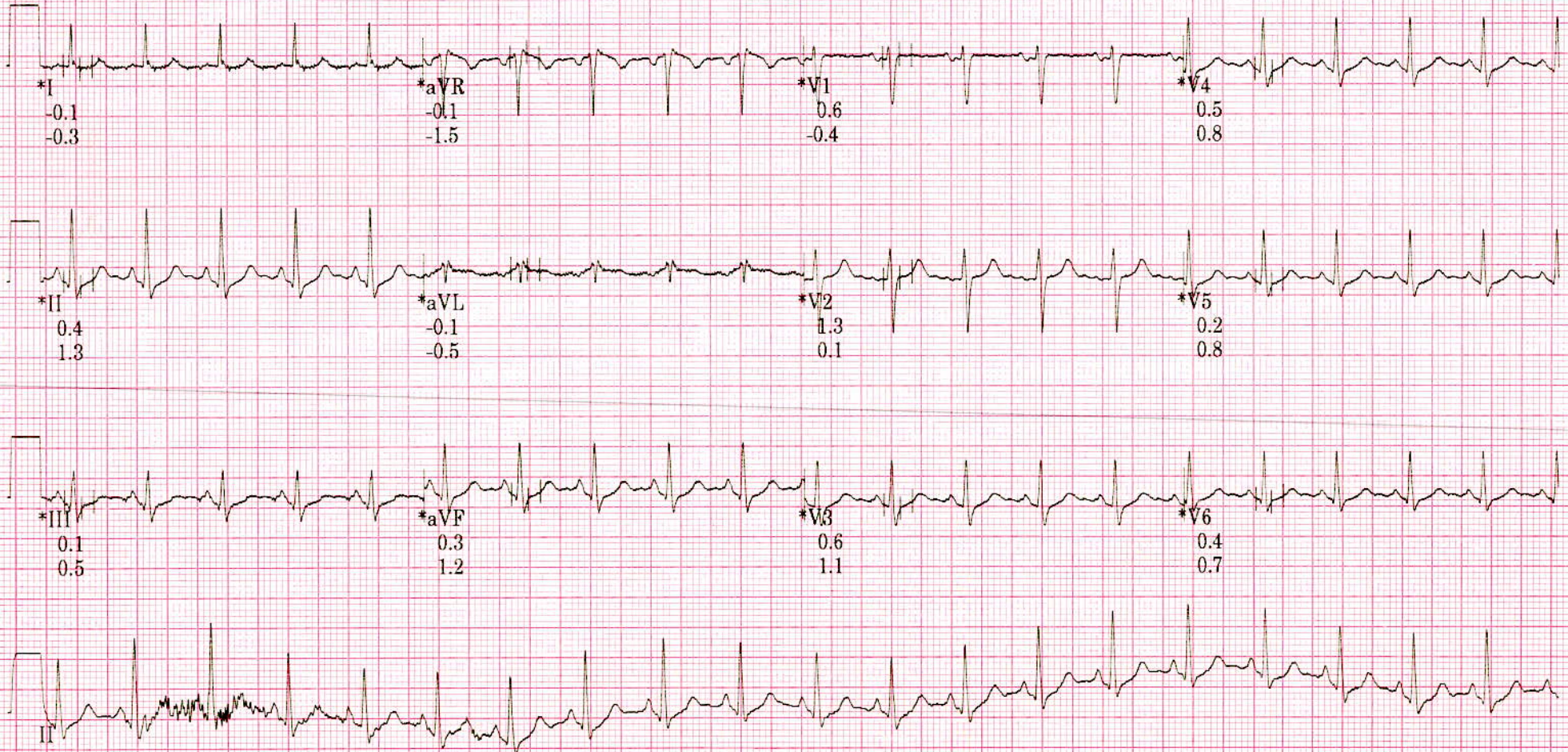
122bpm

RECOVERY
RECOVERY
2:00

BRUCE
**.*mph
**.*%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

MRS MADHUMATHI, K
ID: 141369014
12-Nov-2022
12:23:07

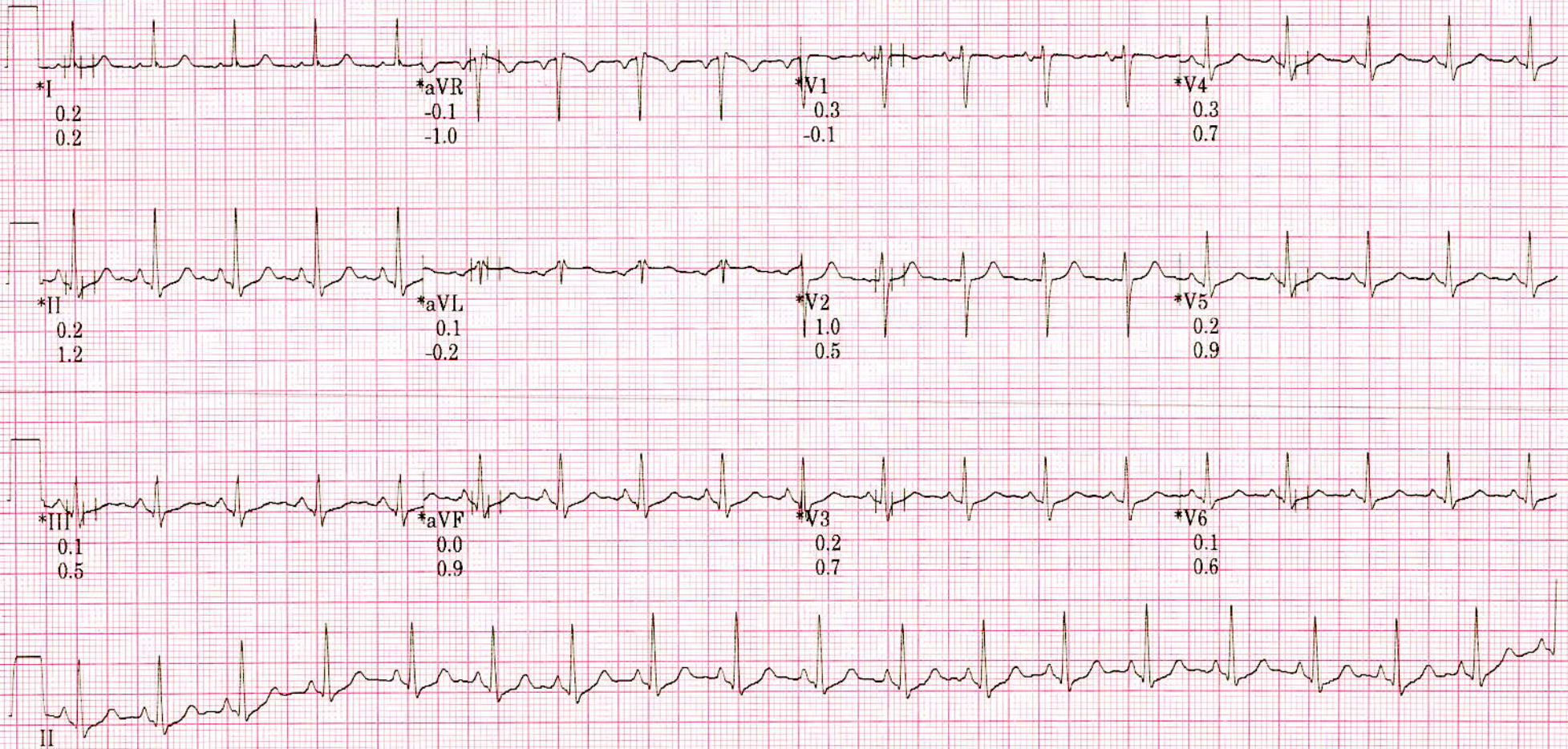
112bpm

RECOVERY
RECOVERY
3:00

BRUCE
**.*mph
**.*%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

MRS MADHUMATHI, K

ID: 111369014

12-Nov-2022

12:24:07

108bpm

RECOVERY

RECOVERY

4:00

BRUCE

***mph

***%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

MRS MADHUMATHI, K
ID: 111369014
12-Nov-2022
12:25:07

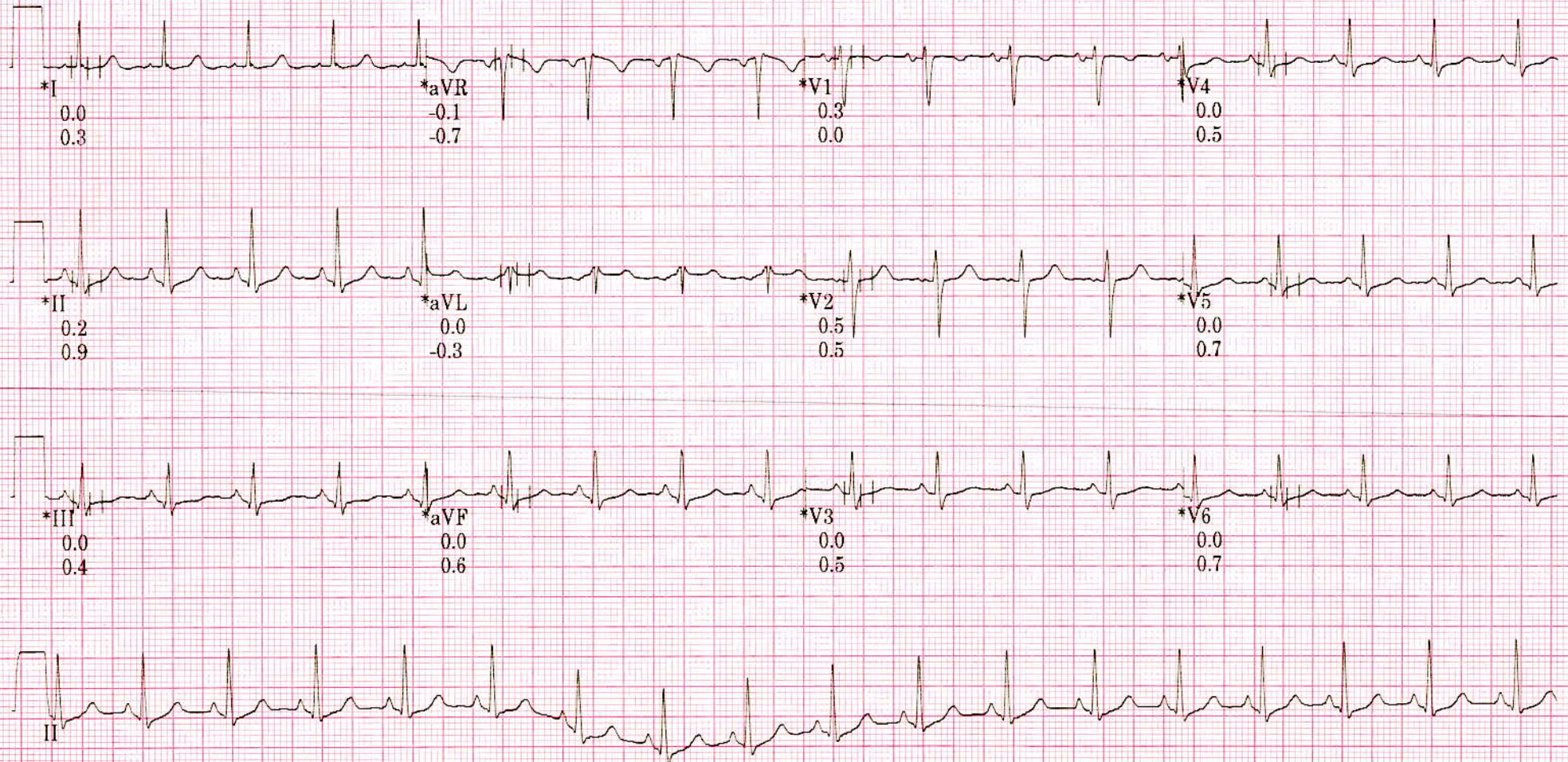
107bpm

RECOVERY
RECOVERY
5:00

BRUCE
**.*mph
**.*%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

MRS MADHUMATHI, K
ID: F11369014
12-Nov-2022
12:26:07

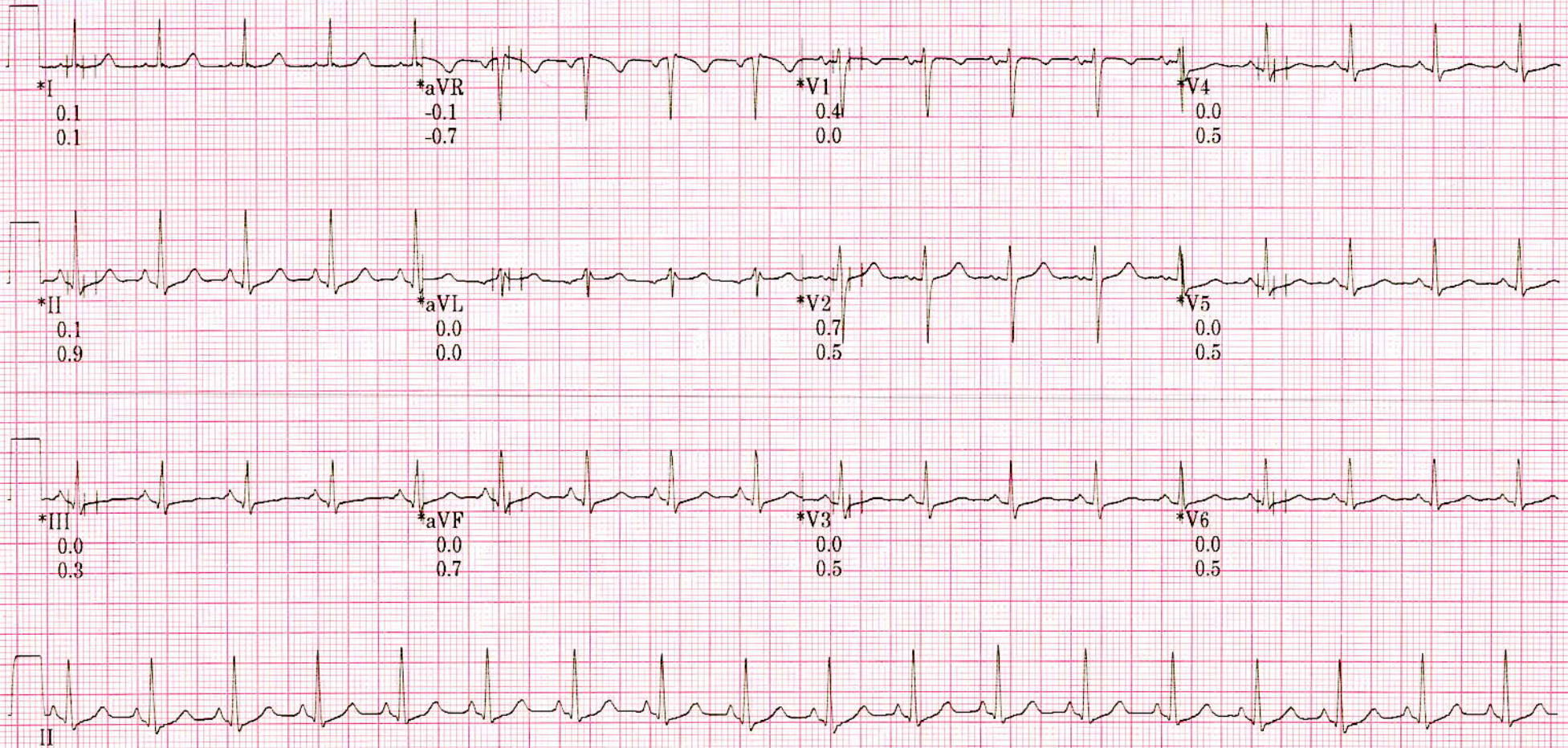
107bpm

RECOVERY
RECOVERY
6:00

BRUCE
**.*mph
**.*%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

SELECTED MEDIANS REPORT

MRS MADHUMATHI, K

ID: 111369014

26years

Female

BRUCE

Max HR: 175bpm 90% of max predicted 194bpm

Max BP: 110/70

Total Exercise time: 7:15

Maximum workload: 8.9METS

25.0 mm/s

10.0 mm/mV

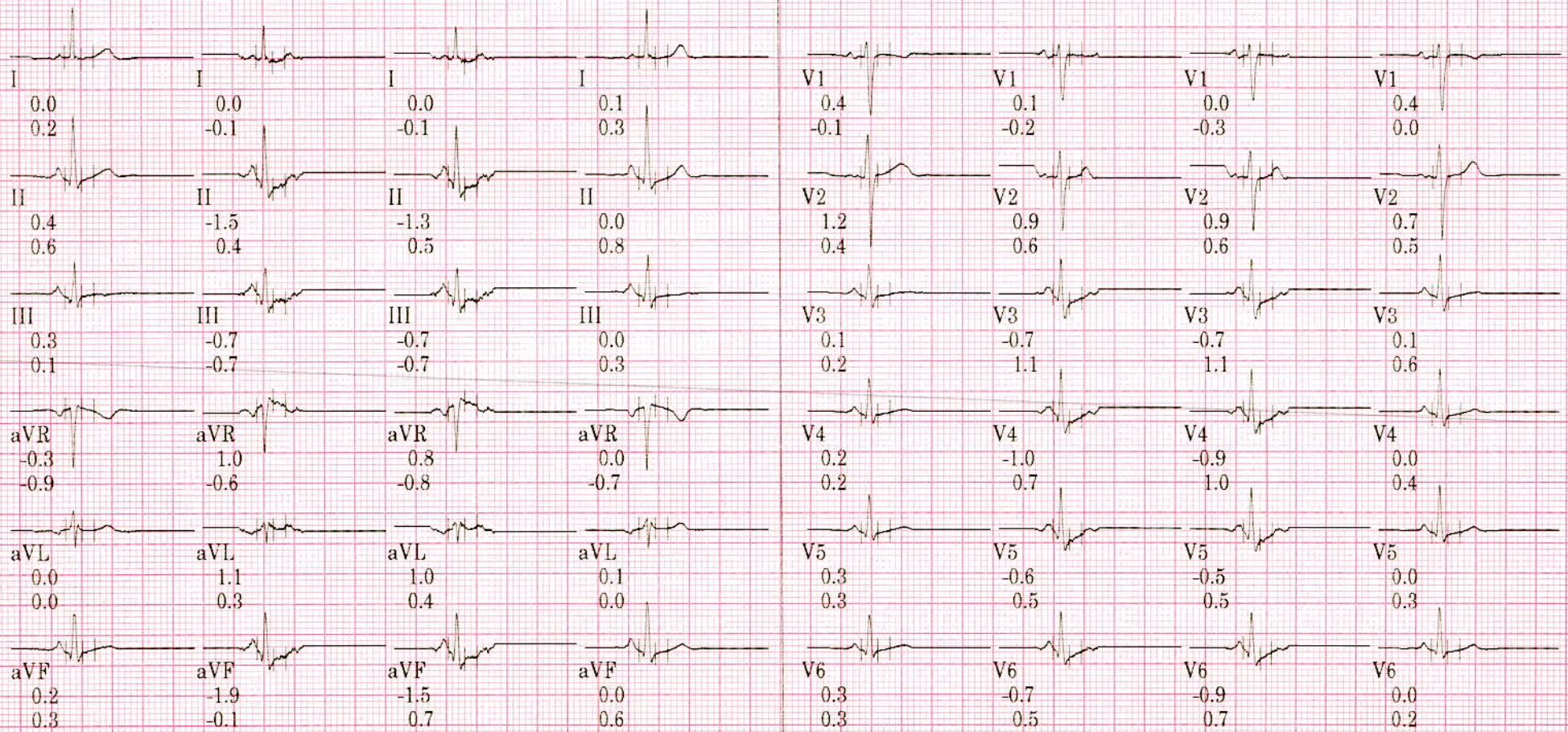
100hz

12-Nov-2022

12:04:29

Test ind:

BASELINE EXERCISE	MAX ST RECOVERY	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST RECOVERY	PEAK EXERCISE	TEST END RECOVERY
0:00 96bpm	0:00 176bpm	7:15 175bpm	6:16 108bpm	0:00 96bpm	0:00 176bpm	7:15 175bpm	6:16 108bpm



GRADED EXERCISE SUMMARY

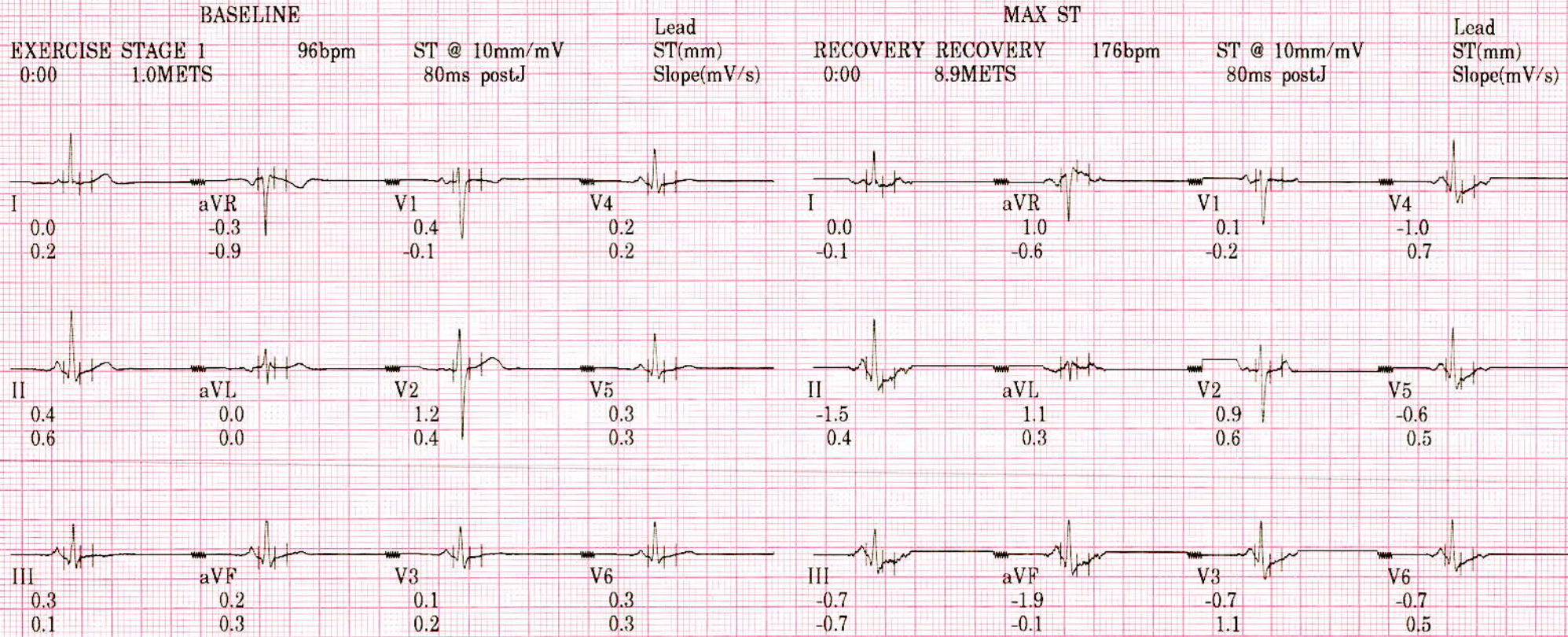
MRS MADHUMATHI, K
 ID: 111369014
 26years
 12-Nov-2022
 12:04:29

Female

BRUCE
 Max HR: 175bpm 90% of max predicted 194bpm
 Max BP: 110/70
 Reason for Termination: Leg discomfort
 Comments:

Total Exercise time: 7:15
 25.0 mm/s
 10.0 mm/mV
 100hz
 Maximum workload: 8.9METS

Test ind:



TABULAR SUMMARY REPORT

MRS MADHUMATHI, K

ID: 111369014

26years

Female

BRUCE

Max HR: 175bpm 90% of max predicted 194bpm

Max BP: 110/70

Reason for Termination: Leg discomfort

Comments:

Total Exercise time: 7:15

Maximum workload: 8.9METS

25.0 mm/s

10.0 mm/mV

100hz

12-Nov-2022

12:04:29

Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:38	***	***	1.0	84	110/70	92
	STANDING	0:17	***	***	1.0	83	110/70	91
	HYPERVENT	6:26	***	***	1.0	100	110/70	110
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	127		
	STAGE 2	3:00	2.5	12.0	7.0	154		
	STAGE 3	1:15	3.4	14.0	8.9	175		
RECOVERY	RECOVERY	6:16	***	***	1.0	108		

TMT: Negative for Exercise Inducible Ischaemia.


Dr. Anand Gnanaraj
Reg No: 51510

SELECTED MEDIANS REPORT

MRS MADHUMATHI, K

ID: 111369014

26years

Female

BRUCE

Max HR: 175bpm 90% of max predicted 194bpm

Max BP: 110/70

Reason for Termination: Leg discomfort

Comments:

Total Exercise time: 7:15

Maximum workload: 8.9METS

25.0 mm/s

10.0 mm/mV

100hz

12-Nov-2022

12:04:29

Test ind:

